

H60679

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SECRETARY OF STATE
TALLAHASSEE, FL

Notice of Dissolution

APR 21 2021
D CUSHING

GRAY, ACKERMAN & HAINES, P.A.

BRYCE W. ACKERMAN*
STEVEN H. GRAY
TIM HAINES

**Board Certified in Civil Trial Law &
Business Litigation*

ATTORNEYS AT LAW
125 NE FIRST AVENUE, SUITE 2
OCALA, FLORIDA 34470-6675
352-732-8121
FAX 352-368-2183
THAINES@GAHLAW.COM

December 30, 2020

VIA FEDEX: 850-245-6050
Amendment Section
Division of Corporations
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2021 APR 16 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FL

**RE: DISSOLUTION OF ANDREWS ENTERPRISES INC. AND ANDREWS MANAGEMENT
COMPANY
OUR FILE NO: 20-2202**

Dear Sir/Madam:

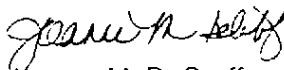
Enclosed please find this firm's trust account check in the amount of \$157.50 to cover the cost of filing Articles of Dissolution for the entities listed below along with the proper Cover Letter, Articles of Dissolution and Notice of Corporate Dissolution for each:

- ◆ Andrews Enterprises Inc., Document No. 284091
- ◆ Andrews Management Company, Document No. H60679

Should you have any questions regarding the enclosed, please feel free to call me.

Thank you for your time and trouble with respect hereto.

Sincerely,



Joanne M. DeGraff
Closer & Real Estate Assistant to Tim Haines

check #22737
Cover Letters
Articles of Dissolution
Notice of Corporate Dissolution

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Andrews Management Company

DOCUMENT NUMBER: H60679

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tim D. Haines

(Name of Contact Person)

Gray, Ackerman & Haines, P.A.

(Firm/Company)

125 NE 1st Avenue, Suite 2

(Address)

Ocala, FL 34470

(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Haines

(Name of Contact Person)

at (

352-427-7749

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2021

RICHARD L. ANDREWS
2290 SE LAUREL RUN DRIVE
OCALA, FL 34471 US

SUBJECT: ANDREWS MANAGEMENT COMPANY
Ref. Number: H60679

We have received your document for ANDREWS MANAGEMENT COMPANY and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.1407 or 617.1047, Florida Statutes, requires a Notice of Corporate Dissolution contain a description of the information that must be included in a claim.

Please complete the form in its entirety as you also failed to list the address as to where written claims can be sent in the space provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 221A00003223

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Andrews Management Company

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 4/23/2020

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

Claimant's Name

Claimant's Address

Claimant's Email Address

Amount of Claim

General Description of Claim

Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)

Richard L. Andrews

2290 SE Laurel Run Drive

Ocala, FL 34471

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Tim D. Haines

Printed Name of the Person Filing

Signature of the Person Filing

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SECRETARY OF STATE
TALLAHASSEE, FL

